

Arizona Department of Health Services Children's Rehabilitative Services Administration	Effective Date: 10/01/2007
SUBJECT: HIPAA	SECTION: HI 1.2

SUBTITLE: CRSA HIPAA Request to Amend Designated Record Set

PURPOSE:

To provide the Arizona Department of Health Services/Children's Rehabilitative Service Administration (ADHS/CRSA) members with a process to request to amend in whole or part of their CRSA Health Insurance Portability and Accountability Act (HIPAA) designated record set (DRS) for as long as CRSA maintains the information.

POLICY:

The CRSA is a health plan designation, as defined by the HIPAA Regulation. The policy of ADHS/CRSA is to provide a member and/or his or her legal representative the means to request an amendment to that member's protected health information (PHI), as contained in the ADHS/CRSA designated record set (DRS).

AUTHORITY:

45 C.F.R. §§ 160, 164, 164.501, 164.526, 164.530
A.R.S. § 36-104
A.R.S. §§ 36-261 - 265
A.A.C. §§ R9-7-101 - 701

APPLICABILITY:

To all ADHS/CRSA program workforce members, business associates, contract personnel, and other persons who officially represent the ADHS/CRSA.

DEFINITIONS:

Arizona Department of Health Services (ADHS):
Agency designated as the public health authority for the State of Arizona. ADHS, as defined by HIPAA, is a hybrid-covered entity.

Arizona Health Care Cost Containment System (AHCCCS):
Agency that oversees the Medicaid services provided to the Arizona citizens.

ADHS HIPAA Compliance Officer:

Individual, appointed by the ADHS director or the director's designee, who as the designated officer that oversees agency-wide compliance for the HIPAA Privacy, Security, and Administrative Simplification Regulations, collaborates with health care components for response to HIPAA concerns or complaints, and provides advice to health care components in all matters related to HIPAA. The ADHS HIPAA Compliance Officer may designate a HIPAA Compliance Team member to collaborate with a health care component. The ADHS HIPAA Compliance Officer may be used interchangeably with "HIPAA Compliance Office."

Children Rehabilitative Services Administration (CRSA):

A subdivision of the ADHS that is the contracted administrator for the Arizona Health Care Cost System Administration (AHCCCSA) and the state funded plan, which provides regulatory oversight of the Children's Rehabilitative Services (CRS) Regional Contractors and their delivery of health care services. ADHS/CRSA functions as a health plan under the ADHS hybrid entity.

CRSA includes a CRS program that provides for medical treatment, rehabilitation, and related support services to eligible individuals who have certain medical, handicapping, or potentially handicapping conditions that have the potential for functional improvement through medical, surgical, or therapy modalities.

CRS Member:

Individual, 21 years of age or younger, who is enrolled by the member's representative in either the AHCCCS or state funded CRS program and is eligible to receive defined health care services through the CRS Regional Contractors. The CRS member is the subject of Protected Health Information (PHI). The term "CRS Member" may be used interchangeably with the term "Representative."

CRSA HIPAA Privacy Official:

Person responsible for implementing all HIPAA Privacy information for ADHS/CRSA in collaboration with the ADHS HIPAA Compliance Officer for ADHS/CRSA.

CRS Regional Contractor:

Entity awarded a contract with ADHS/CRSA to provide medical treatment, rehabilitation, and related support services for enrolled CRS members.

Designated Record Set (DRS):

Set of collected and maintained eligibility and encounter records used or disseminated by ADHS/CRSA for purposes of member's eligibility and electronic encounter administration for medical, dental, and pharmacy related services provided by CRS Regional Contractors. The designated record set excludes quality assurance, peer review, oversight, or any other documents maintained by ADHS/CRSA for the operation of the program and its contractual relationship with AHCCCS or the CRS Regional Contractors.

Health Insurance Portability and Accountability Act (HIPAA):

Federal Public Law 104-191 of 1996 and the corresponding regulations developed by the United States Department of Health and Human Services that creates national standards for the privacy and security of protected health information and electronic billing standards to administer health care related claims.

Hybrid Entity:

Single legal entity: (1) that is covered, (2) the business activities include both covered and non-covered functions, and (3) that formally designates in writing which work areas are covered health care components of the hybrid entity.

Protected Health Information (PHI):

The individually identifiable health information that is maintained, collected, used, or disseminated by ADHS/CRSA, a HIPAA defined health plan, as it relates to the eligibility, claims administration, and ADHS/CRSA operations relating to a member's past, present, or future health or condition, provision of health care or future payment for the provision of health care.

Quality Management:

Review of the quality of health care provided to CRS members.

Representative:

Individual who is authorized, either by the member or by Arizona law, to make health care treatment decisions for the member when the member is unable to make treatment decisions. Member representative has this same meaning as personal representative under the HIPAA Privacy Regulations.

DIVISION OF PRIMARY POSITION OF RESPONSIBILITY:

Children's Rehabilitative Services Administration/HIPAA Privacy Official

SPECIAL NOTATIONS:

All timeframes are calendar days unless otherwise specified.

Unauthorized release of PHI or individually identifiable information will subject the individual releasing the information to the disciplinary procedures set forth by the Arizona Department of Health Services, Office of Human Resources, Level I, Disciplinary policy. The disciplinary action may include dismissal from state service.

PROCEDURES:

A. Request for an Amendment to the CRSA Designated Record Set

1. A Request for an Amendment to the CRSA designated record set must be provided in writing. (See Attachment 1)

2. Upon receipt of a written request for an amendment to the CRSA DRS, CRSA will:
 - a. Date stamp the request with the date received,
 - b. Enter the requested information into the ADHS/CRSA tracking system,
 - c. Log a suspense date of sixty (60) days after the date of the receipt into the ADHS/CRSA tracking system, and
 - d. Create a hard copy file of the request and store the file in a secured location until the request for amendment to the CRSA designated record set is completed.

B. Requestor's Identification Verification

1. Verify upon receipt of a written request, the identity and authority of any individual requesting an amendment to the CRSA DRS before providing such disclosures and complete the follow the steps below:
 - a. Refer to the ADHS/CRSA Identification Reference for Protected Health Information document (See Attachment 2) for specific guidelines, and
 - b. Complete the ADHS/CRSA Verification and Authorization Checklist (See Attachment 3) for documentation.
2. Follow the ADHS/CRSA Identification Reference for Protected Health Information document for specific guidelines to ensure the requestor is positively identified as a representative of the ADHS/CRSA member for whom he/she is requesting an amendment to the CRSA DRS.

C. Time Frames for Responding to Requests to Amend the CRSA Designated Record Set

1. CRSA will notify the requestor of its decision on a request for amendment of all or part of the DRS within sixty (60) days of the request. (See Attachment 5)
2. The sixty (60) day time will be extended to ninety (90) days if a response cannot be made in sixty (60) days. If additional time is needed, the extension may not exceed thirty (30) days. The entire time frame will not exceed ninety (90) days.
3. If an extension of time is needed, notify the CRSA member in writing before the end of the initial sixty (60) day period and copy the ADHS/HIPAA Compliance Officer. (See Attachment 4)

4. All extensions of time will be logged in the ADHS/CRSA tracking system.
- D. Determination and Response for Request to Amend the Designated Record Set
1. The following factors will be taken into consideration for denial in whole or in part for requests to amend the CRSA DRS:
 - a. ADHS/CRSA did not create the information,
 - b. The requested information is not part of the ADHS/CRSA DRS,
 - c. The information is determined by ADHS/CRSA to be accurate and complete,
 - d. The requestor identifies him or herself as a member's representative and identity or authority to request an amendment does not meet requirements for ADHS/CRSA, and/or
 - e. The requestor is a parent or guardian but is unauthorized to request an amendment to the CRSA DRS because parental rights or order of guardianship or other personal representation no longer applies because the minor member is emancipated, married, or removed from the DRS.
 2. Prior to a response determination being made and before a notice is sent to the member, the ADHS/HIPAA Compliance Officer or designee will be consulted with on all decisions for requests to amend the CRSA designated record set.
 3. Notify the member or the member's representative in writing of the determination within sixty (60) days. The response will include: (See Attachment 5)
 - a. A short, plain language statement of the basis for the determination,
 - b. The determination letter containing a description of how the member may file a complaint with the ADHS/CRSA office and with the Department of Health and Human Services, Office for Civil Rights,
 - c. A notification regarding member's right to write a statement of disagreement regarding the determination, how to file the statement, any limitations on the length of the statement, and the requirement to be filed within thirty (30) days,

- d. A statement that if the member does not file a written disagreement, ADHS/CRSA will include an accurate summary of the request for amendment determination and any rebuttal(s) with future disclosures of the PHI if the member requests such action, and
 - e. If the ADHS/CRSA does not maintain the requested information, but knows where the information may be obtained, the member will be notified and provided with the name of the agency or provider where the information can be found.
- 4. ADHS/CRSA cannot agree to an amendment to the CRSA DRS when the information received by the CRSA is created by the CRS Regional Contractors. The CRSA will notify the requestor of the CRS Regional Contractor who created the information. (See Attachment 5)
 - 5. The determination regarding the request to amend the DRS will be entered into the ADHS/CRSA tracking system.
 - 6. A copy of the determination letter will be placed into the request for an amendment to the CRSA DRS file.

E. Member's Statement of Disagreement/Statement of Rebuttal

- 1. Upon receipt of a statement of disagreement, the ADHS/HIPAA Compliance Officer will be notified.
- 2. The following steps will be completed:
 - a. Determine, in collaboration with the ADHS/CRSA HIPAA Compliance Official, whether ADHS/CRSA should file a statement of rebuttal,
 - b. Draft, in collaboration with the ADHS/HIPAA Compliance Officer, a statement of rebuttal as needed,
 - c. Provide the ADHS/HIPAA Compliance Officer and the member with a written notice and a copy of the statement of rebuttal,
 - d. Ensure that the statement of rebuttal includes the basis for disagreement,
 - e. Log all communication into the ADHS/CRSA tracking system, and
 - f. Place copies of any rebuttal statements in the request to amend the CRSA designated record set file.

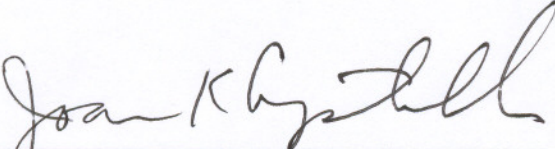
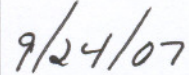
F. Inclusion in Future Disclosures of PHI

1. For future disclosures of PHI for a member who has requested an amendment, ADHS/CRSA will notify the recipient and include the following:
 - a. An accurate summary in the form of a "report of requests for amendments" as documented in the ADHS/CRSA tracking system. The report will include an accounting of the request for amendment, acceptance or redirection of requests, and any statements of disagreement or rebuttal pertaining to the member's request, or
 - b. If requested by the member, scanned copies of the request for amendment, acceptance or redirection of request, and any statements of disagreement or rebuttal pertaining to the member's request.
2. Log all communications into the ADHS/CRSA tracking system.
3. Place copies of any future disclosures in the request to amend the CRSA designated record set file.

G. Documentation

1. Beginning April 14, 2003, documentation will be maintained for a minimum period of six (6) years from the completion of a request process for:
 - a. All HIPAA associated requests received from a member or that member's representative,
 - b. All communications relating to requests received from each member or that member's representative, and
 - c. The titles of persons or offices responsible for responding to or researching information for requests and any communications associated with those requests.
2. During the request process, all requests and any communications associated with those requests will be stored as hard copy files in a secured location.
3. Upon completion of the request process all hard copy documentation will be scanned into an electronic documentation file(s) and stored for one (1) year in a secured folder located in G:\HIPAA_Privacy.
4. At the end of the one (1) year, the electronic documentation file(s) will be copied onto a compact disc and the electronic file will be deleted from G:\HIPAA_Privacy.

5. The compact disc will be stored for five (5) years in a secured file in the OCSHCN compressed filing room.
6. At the end of the required six (6) years retention period, the compact disc file(s) will be destroyed.
7. The HIPAA Compliance Officer or his/her designee will conduct an annual audit review of all logs to ensure compliance with this policy.

Approved:  _____ CRSA Administrator	Date:  _____
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**ARIZONA DEPARTMENT OF HEALTH SERVICES
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION**

REQUEST TO AMEND PROTECTED HEALTH INFORMATION

Date: _____

Member Name: _____

Member's Date of Birth: _____

Member's Address: _____

Member's Phone Number: _____

(City, State, and Zip code)

Name of Individual Requesting to Amend Protected Health Information within the Children's Rehabilitative Services Administration (CRSA) Designated Record Set:

(Last)

(First)

Relationship to Member: _____

Identification of Authority to make Request:

- _____ Written Authorization from Member
- _____ Parent/Legal Guardian of Minor Aged Member
- _____ Health Care Decision Maker for Member (Mental Health Care Power of Attorney, Health Care Power of Attorney, or Surrogate Decision Maker)
- _____ Personal Representative of Member's Estate
- _____ Verbal Authorization from Member (valid for fourteen (14) days only)
- _____ Other (please explain): _____

INFORMATION TO BE CHANGED

Please tell us what information you want changed:

Please tell us why you want the change. You must give a reason.:

CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION (CRSA) RESPONSIBILITY

CRSA must tell you within sixty (60) days if the requested change will be made to your protected health information or tell you if additional time (up to thirty (30) additional days) is needed to make the decision. If CRSA agrees to change the protected health information as you requested, the change will be sent to any person who received the information before it was changed.

SIGNATURE

Member Name or Member's Representative/Guardian (Print Name)

Signature

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

REQUESTOR: SELF (MEMBER)

AND:

YOU MUST:

NEXT, YOU CAN:

The contact is by phone:

Verify the person is the member by asking for his/her:

- Full Name,
- Date of Birth,
- CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

The contact is in person or a written request:

Ask for documentation verifying proof of identification. For contacts in person, preference is to see a document with a photograph. If you are unable to provide a document with a photograph, request a minimum of two documents from the lists below. A birth certificate is not an identity document. For written contacts, verify address on documentation matches address of record.

Some documents that are acceptable as proof of identity for a child are:

- Doctor, Clinic, or Hospital Record
- Religious Record (i.e., baptismal record)
- Daycare Center or School Record
- Adoption Record
- School ID Card

Some documents that are acceptable as proof of identity for an adult are:

- Driver's License
- Marriage or Divorce Record
- Military Record
- Employer ID Card
- Adoption Record
- Life Insurance Policy
- Passport
- Health Insurance Card (not a Medicare card)
- School ID Card

NOTE: All documents must be either originals or copies certified by the issuing agency.

Release information specific to his/her CRS coverage and answer any questions pertaining to any issues/concerns or grievances the member may have filed with ADHS/CRSA. *Do not evaluate diagnosis or treatment.*

– AND –

Document details of information released into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

AND:

The contact is by phone and the member/child makes a mistake on the information (Name, Date of Birth, CRS Client ID number, or Additional piece of information) used to verify his/her identity.

The contact is in person or by a written request and the person does not have the required documentation verifying identification.

YOU MUST:

For contacts by phone:

Explain to the requestor that the information does not match the information in the ADHS/CRSA data file (CRS Eligibility Screens). Ask him/her to repeat the information, and if incorrect, suggest that the requestor look at his/her ADHS/CRSA paperwork to find the correct information or ask someone (family or friend) to help him/her with this information.

For contacts in person:

Explain to the requestor that the documentation does not meet the requirements of verifying identification. Provide the requestor with a list of documents that meet the requirements and suggest that the requestor return with a minimum of two documents verifying identification.

For contacts in writing:

Notify the requestor in writing that the documentation does not meet the requirements of verifying identification. Provide the requestor with a list of documents that meet the requirements and ask that he/she forward to you are the copies of two valid documents verifying identification.

If requestor states that there has been a change in information, advise him/her to contact the appropriate CRS Clinic and have the information updated. Do not disclose information until verification of identification has been established.

NEXT, YOU CAN:

If the requestor *is able* to provide the correct information, release information specific to his/her CRS coverage and answer any questions pertaining to any issue/concern or grievance the member may have filed with ADHS/CRSA.

– AND –

Document details of information released into the ADHS/CRSA tracking system.

If the requestor *is unable* to provide the correct information, **YOU MAY NOT** release any ADHS/CRSA information or answer any questions pertaining to the member.

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

		REQUESTOR: PARENT OF MINOR CHILD
AND:	YOU MUST:	NEXT, YOU CAN:
It is clear that the parent is acting on the child's behalf.	Verify that the requestor's name matches the parent's name listed in the CRS file.	If the requestor <i>is able</i> to provide the correct information, release per the instructions listed under member.
(A request for information from a minor child's file by the child's parent is an access request that must be honored, as long as it is clear the parent is acting on the child's behalf.)	<p>– AND –</p> Verify the identity of the minor child member by asking for his/her:	<p>– AND –</p> Document details of information released into the ADHS/CRSA tracking system.
	<ul style="list-style-type: none">• Full Name,• Date of Birth,• CRS Client ID Number, and• One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).	If the requestor <i>is unable</i> to provide the correct information, <u>YOU MAY NOT</u> release any ADHS/CRSA information or answer any questions pertaining to the member.
NOTE: Unless the court issues a separate custody order that allows only one parent to have authority over the child, divorced or separated parents have equal rights to access minor child's health information. The CRSA HIPAA Privacy Official can verify the legal guardianship if there is a doubt of the parent's legal custody status.	<p>– AND –</p> Verify the identity of the requestor by following the guidelines defined under Requestor: Self (Member) for documents acceptable as identification verification for in-person or written requests.	<p>– NEXT –</p> Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.
		<p>– AND –</p> Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

REQUESTOR: LEGAL GUARDIAN OF MINOR CHILD OR MAJORITY AGED MEMBER

A.R.S. § 14-5201 et seq. - Guardians of Minors

A.R.S. § 14-5301 et seq. - Guardians of Incapacitated Persons (Majority Aged Member)

AND:

It is clear that the legal guardian is acting on the member's behalf.

To answer any questions via the telephone, you must have proof of the legal guardianship on file and the guardian's name must appear in the ADHS/CRSA data file (CRS Eligibility Screens).

YOU MUST:

Verify that the requestor's name matches the legal guardian's name listed in the CRS data file.

– AND –

Verify and obtain a copy of the court order (if one is not already on file) appointing the requestor as a legal guardian or a written and notarized statement that a court appointed the requestor as the member's guardian and that the appointment still is valid.

– AND –

Verify the identity of the member by asking for his/her:

- Full Name,
- Date of Birth,
- CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

– AND –

Verify the identity of the requestor by following the guidelines defined under **Requestor: Self (Member)** for documents acceptable as identification verification for in-person or written requests.

NEXT, YOU CAN:

If the requestor *is able* to provide the correct information, release per the instructions listed under member.

– AND –

Document details of information released into the ADHS/CRSA tracking system.

If the requestor *is unable* to provide the correct information, **YOU MAY NOT** release any ADHS/CRSA information or answer any questions pertaining to the member.

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Identification Reference for Protected Health Information

REQUESTOR: HEALTH CARE OR MENTAL HEALTH CARE POWER OF ATTORNEY FOR ADULT MEMBER

A.R.S. § 36-3201(6) - Health care power of attorney is a written designation of an agent to make health care decisions that meets the requirements of A.R.S. § 36-3221 and that comes into effect and is durable as provided in A.R.S. § 36-3223(A).

A.R.S. § 36-3201(10) - Mental health care power of attorney is a written designation of an agency to make mental health care decisions that meets the requirements of A.R.S. § 36-3281.

AND:

It is clear that the person with the health care or mental health care power of attorney is acting on the member's behalf.

To answer any questions via the telephone, you must have a copy of the health care or mental health care power of attorney on file and the individual named in the power of attorney appears in the ADHS/CRSA data file (CRS Eligibility Screens).

YOU MUST:

Verify that the requestor's name matches the health care or mental health care power of attorney name listed in the CRS data file and that a guardian or other legal representative has not been appointed. Contact legal counsel to determine who may make decisions if the member has more than one legally authorized decision maker.

– AND –

Verify and obtain a copy of the health care or mental health care power of attorney (if one is not already on file) appointing the requestor as the health care or power of attorney and the power of attorney document is still valid.

– AND –

Verify the identity of the member by asking for his/her:

- Full name,
- Copy of health care or mental health care power of attorney;
- Confirmation by member's physician that member is incapable of acting on his/her own behalf,
- Date of birth,
- CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

– AND –

Verify the identity of the requestor by following the guidelines defined under **Requestor: Self (Member)** for documents acceptable as identification verification for in-person or written requests.

NEXT, YOU CAN:

If the requestor *is able* to provide the correct information, release per the instructions listed under member.

– AND –

Document details of information released into the ADHS/CRSA tracking system.

If the requestor *is unable* to provide the correct information, **YOU MAY NOT** release any ADHS/CRSA information or answer any questions pertaining to the member.

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

REQUESTOR: SURROGATE DECISION MAKER OF ADULT MEMBER (WHO IS SPOUSE, ADULT CHILD, PARENT, DOMESTIC PARTNER, BROTHER, SISTER, OR CLOSE FRIEND) **

A.R.S. § 36-3201(13) - Surrogate decision-maker is a person authorized to make health care decisions for a patient by a power of attorney, a court order or the provisions of A.R.S. § 36-3231.**

A.R.S. § 36-3201(5) - Health care directive is a document drafted in substantial compliance with chapter 32, including a mental health care power of attorney, to deal with a person's future health care decisions.

AND:

It is clear that the surrogate decision-maker is acting on the member's behalf and following the member's health care directive, if such directive is available in the member's ADHS/CRSA data file or can be provided to CRSA by the surrogate.

To answer any questions via the telephone, whenever possible, you must have documentation in the member's data file that the surrogate decision-maker's identity has been verified by CRSA HIPAA Compliance Official.

YOU MUST:

Verify that a health care or mental health care power of attorney, guardian, or other legal representative has not been issued or is not in member's data file and there is a need to make health care decisions for the member, including disclosure of health care or mental health care information, for the benefit of the member who is incapable of making his/her own decisions.

– AND –

- Full Name,
- Confirmation by member's physician that the member is incapable of acting on his/her own behalf;
- Confirm the requestor's relationship with the member,
- Date of Birth of Member,
- CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

** Confirm that requestor's relationship to the member on the following list and that requestor is highest on the priority following priority listed below of persons reasonably available to make health care/mental health care decisions on behalf of the member.

- A spouse, unless legally separated,
- An adult child or majority of adult children who are reasonably available for consultation,
- A parent,
- If unmarried, a domestic partner if no other person assumes financial responsibility,
- An adult brother or sister,
- A close friend (i.e., someone who exhibits special care and concern for the member, who is willing to become involved with the member's care and act

NEXT, YOU CAN:

If the requestor verifies priority and need to access information, release per the instructions from physician, as provided by member's health care/mental health care directive or as documented in the member's file. If no other information is available, release information only as requested by member's physician or mental health provider.

– AND –

Document details of information released into the ADHS/CRSA tracking system located in the G:\HIPAA Privacy folder.

If the requestor *is unable* to provide the correct information, **YOU MAY NOT** release any ADHS/CRSA information or answer any questions pertaining to the member.

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

REQUESTOR: SURROGATE DECISION MAKER OF ADULT MEMBER (WHO IS SPOUSE, ADULT CHILD, PARENT, DOMESTIC PARTNER, BROTHER, SISTER, OR CLOSE FRIEND) **

A.R.S. § 36-3201(13) - Surrogate decision-maker is a person authorized to make health care decisions for a patient by a power of attorney, a court order or the provisions of A.R.S. § 36-3231.**

A.R.S. § 36-3201(5) - Health care directive is a document drafted in substantial compliance with chapter 32, including a mental health care power of attorney, to deal with a person's future health care decisions.

AND:

YOU MUST:

in member's best interest, and who is familiar with the member's health care views and desires).

– AND –

Verify the identity of the requestor by following the guidelines defined under **Requestor: Self (Member)** for documents acceptable as identification verification for in-person or written requests. Contact legal counsel to determine who may make decisions if the member has more than one legally authorized decision-maker.

NEXT, YOU CAN:

and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Identification Reference for Protected Health Information

REQUESTOR: LEGAL REPRESENTATIVE AS DEFINED BY THE STATE

A.R.S. § 14-9101(8) – Legal representative is a personal representative or conservator.

A.R.S. § 14-9101(2) – Conservator is a person who is appointed or qualified by a court to manage the estate of an individual or who is legally authorized to perform substantially the same functions.

A.R.S. § 14-9101(11) – Personal representative is an executor, administrator, or special administrator of a decedent's estate, a person legally authorized to perform substantially the same functions or a successor to any of them.

AND:

Initially, these types of requests must come in as written requests in order to verify the relationship.

To answer any questions via telephone, you must have proof of the arrangement in the ADHS/CRSA data file (CRS Eligibility Screens).

YOU MUST:

Verify that the requestor's name matches the legal representative's name listed in the CRS data file.

– AND –

Verify and obtain a copy of the court order (if one is not already on file) appointing the requestor as legal representative or a written and notarized statement that a court appointed the requestor as the member's legal representative and that the appointment still is valid.

– AND –

Verify the identity of the member by asking for his/her:

- Full Name,
- Date of Birth,
- CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

– AND –

Verify the identity of the requestor by following the guidelines defined under **Requestor: Self (Member)** for documents acceptable as identification verification for in-person or written requests.

NEXT, YOU CAN:

If the requestor *is able* to provide the correct information, release per the instructions listed under member.

– AND –

Document details of information released into the ADHS/CRSA tracking system.

If the requestor *is unable* to provide the correct information, **YOU MAY NOT** release any ADHS/CRSA information or answer any questions pertaining to the member.

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Identification Reference for Protected Health Information

REQUESTOR: A MAJORITY AGED OR EMANCIPATED MEMBER'S SPOUSE, RELATIVE, FRIEND OR ADVOCATE.

AND:

The request is by telephone and the **member gives verbal authorization** for you to speak with the caller. (The member does not have to remain on the phone during the conversation, or even be at the same place as the requestor – you may obtain the member's authorization to speak with the requestor via another line, three-way calling, or previously submitted written authorization.)

YOU MUST:

Verify the identity of the member by asking for his/her:

- Full Name,
- Date of Birth,
- CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

A verbal authorization on file is good for 14 days. The CRSA HIPAA Compliance Official may advise the member and the caller that if the member wants the requestor to receive information for more than 14 days, the member should send in a written HIPAA authorization form. (Verify current address of member and send the ADHS/DBHS authorization form.)

– AND –

Document into the ADHS/CRSA tracking system the name, address, phone number and relationship to the member of the requestor.

NEXT, YOU CAN:

If the requestor *is able* to provide the correct information, release per the instructions listed under member.

– AND –

Document details of information released into the ADHS/CRSA tracking system.

If the requestor *is unable* to provide the correct information, **YOU MAY NOT** release any ADHS/CRSA information or answer any questions pertaining to the member.

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

REQUESTOR: A MAJORITY AGED OR EMANCIPATED MEMBER'S SPOUSE, RELATIVE, FRIEND OR ADVOCATE.

AND:

The request is by telephone and the member **is not available to give verbal authorization** for you to speak with the caller and there is no written authorization on file.

You have written authorization on file that allows you to give member-specific information to the requestor.

You have written authorization on file that has expired.

YOU MUST:

Advise the requestor that you may not give out any information without the member's authorization.
The requestor may call back at a later time with the member present to give authorization

– OR –

The member provides written authorization to allow the requestor to obtain information from his/her file.

Have the requestor provide the member's:

- Full Name,
 - Date of Birth,
 - CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

– AND –

Verify that written authorization for this requestor is on file and within the authorized time period (if specified). If unable to verify authorization, you must take the necessary steps to obtain current authorization, which may include contacting the member by phone and obtaining a verbal authorization or contacting the member by written communication.

Advise the requestor that the written authorization has expired.
Obtain verbal authorization and follow instructions for verbal authorization or provide the recipient with an authorization form and request a new authorization

NEXT, YOU CAN:

YOU MAY NOT release any ADHS/CRSA information or answer any questions pertaining to the member.

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulation and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

If the requestor *is able* to provide the correct information, release information as allowed by the authorization (per the instructions in the recipient's file).

– AND –

Document details of information released into the ADHS/CRSA tracking system.

Unless you receive a verbal authorization or new written authorization, **YOU MAY NOT** release any information pertaining to the

Identification Reference for Protected Health Information

REQUESTOR: A MAJORITY AGED OR EMANCIPATED MEMBER'S SPOUSE, RELATIVE, FRIEND OR ADVOCATE.

AND:

YOU MUST:

NEXT, YOU CAN:

recipient.

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the recipient's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system.

Identification Reference for Protected Health Information

REQUESTOR: CRS PROVIDER (CRS CLINIC)		
AND:	YOU MUST:	NEXT, YOU CAN:
<p>The CRS Clinic employee provides the following information in order to identify the beneficiary in question:</p> <ul style="list-style-type: none"> • Full name of member • Member's Date of Birth • Member's CRS Client ID number • One additional piece of information such as social security (SSN), address, phone number, or AHCCCS ID number (if applicable). <p>Ensure that the reason for the inquiry is related to the administration of that CRS Clinic, to the treatment of the member, or the payment for services provided to that member.</p>	<p>There are three ways that an ADHS/CRSA may verify that he/she is speaking with an employee of a CRS Clinic.</p> <p>Both parties on the call look at the CRS Eligibility Screen for the member in question. The CRSA employee will name a field on the screen and ask that the CRS Clinic employee identify what is in that particular field.</p> <p>– OR –</p> <p>The ADHS/CRSA employee may ask for the CRS Clinic employee's phone number and call him/her back, making sure that the area code and exchange matches a listed phone number for that CRS Clinic. NOTE: Caller ID on the ADHS/CRSA telephone may be used to verify the area code and exchange in lieu of a callback.</p> <p>– OR –</p> <p>The ADHS/CRSA employee may take the name and number of the CRS Clinic employee, the name and number of his/her supervisor, the date and reason for the inquiry, and post this information in the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.</p> <p>ADHS/CRSA personnel will document in the HIPAA tracking system how the personnel verified the person's identity, either by retaining a copy of the documentation or by explaining what proof of identity and authority was used. NOTE: Verification of identification by an ADHS/CRSA employee can be omitted once that ADHS/CRSA employee has verified identification of the CRS Clinic representative.</p>	<p>Release the member's ADHS/CRSA information relevant to the administration of that CRS Clinic's program, the treatment of, or payment for services provided to the member.</p> <p>– NEXT –</p> <p>Advise the requestor that any further information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.</p> <p>– AND –</p> <p>Document details of information requested in the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.</p>

Identification Reference for Protected Health Information

REQUESTOR: EMPLOYEE OF ANOTHER STATE AGENCY OR FEDERAL AGENCY

AND:

A State or Federal employee provides the following information in order to identify the beneficiary in question:

- Full name of member
- Member's Date of Birth
- Member's CRS ID number
- One additional piece of information such as social security (SSN), address, phone number, or AHCCCS ID number (if applicable).

Ensure that the reason for the inquiry is related to the administration of that agency's program.

YOU MUST:

Verify the identity of the State or Federal employee by: ADHS/CRSA personnel will ask to see an identification badge, official credential, or other proof of government status (such as a business card). If the request for the protected health information (PHI) is in writing, the official can demonstrate his or her official identity if the request is on the appropriate government letterhead.

– OR –

ADHS/CRSA personnel will see one of the following documents that establishes that the person is acting on behalf of the government agency:
(a) a written statement on government letterhead that the person is acting under the government's authority; or
(b) other evidence or documentation that the person is acting on behalf of the government agency, such as a contract for services, memorandum of understanding, or purchase order.

– AND –

Verify the authority of the State or Federal employee by obtaining one of the following documents or representations (written or oral):
(a) warrant, (b) subpoena, (c) court order, (d) other legal process issued by a grand jury or a judicial or administrative tribunal, (e) a written statement of the legal authority under which the PHI is requested, or (f) an oral statement of such legal authority accompanied by a government, administrative or judicial documentation that requests the PHI.

Questions regarding authority of requestor, authenticity of the request or ADHS/CRSA authority to disclose the requested information should be referred to the Attorney Generals Office.

NOTE: Verification of identification by an ADHS/CRSA employee can be omitted after the ADHS/CRSA employee has verified identification of the other State Agency's representative.

NEXT, YOU CAN:

Release the member's ADHS/CRSA information relevant to the administration of that agency's program, the treatment of, or payment for services provided to the member.

– NEXT –

Advise the requestor that any further information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested in the ADHS/CRSA tracking system of how the employee of another State or Federal Agency verified the person's identity, either by retaining a copy of the documentation or by explaining what proof of identity and authority was used.



Arizona Department of Health Services
Children's Rehabilitative Services Administration

VERIFICATION AND AUTHORIZATION CHECKLIST

Name of Member:

(Last) _____ (First) _____ (Middle Initial) _____

Member's Date of Birth:

_____/_____/_____
(mm) (dd) (yyyy) CRS ID # _____

Member's Address:

Street _____
City _____ State _____ Zip code _____

Name of Person Requesting Arizona Department of Health Services/Children's Rehabilitative Services Administration (ADHS/CRSA)
Designated Record Set:

(Last) _____ (First) _____ (Middle Initial) _____

Requestor's Address:

Street _____
City _____ State _____ Zip code _____

Relationship to Member:

- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> Self (member) | <input type="checkbox"/> Parent/Legal Guardian of Minor Child | <input type="checkbox"/> Legal Guardian of Adult | <input type="checkbox"/> Health Care Power of Attorney | <input type="checkbox"/> Mental Health Care Power of Attorney |
| <input type="checkbox"/> Surrogate Decision Maker of Adult Patient (Spouse, Adult Child, Domestic Partner, Brother, Sister, or Close Friend) | <input type="checkbox"/> Personal Representative of Member's Estate | <input type="checkbox"/> CRS Provider | <input type="checkbox"/> Government Employee (i.e., Child Protective Services, Adult Protective Services, Arizona Health Care Cost Containment System) | <input type="checkbox"/> Other (please explain): _____ |

Method of Identification:

- ☐ Telephone ☐ In Person ☐ Written Request ☐ Other: _____
Description _____

Acceptable documents for verification of identification (check those provided):

For Child:

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Doctor, Clinic, or Hospital Record | <input type="checkbox"/> Religious Record (i.e., baptismal record) | <input type="checkbox"/> Daycare Center or School Record | <input type="checkbox"/> School ID Card | <input type="checkbox"/> Adoption Record |
|---|--|--|---|--|

For Adult:

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Military Record | <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Passport | <input type="checkbox"/> Adoption Record |
| <input type="checkbox"/> School ID Card | <input type="checkbox"/> Employer ID Card | <input type="checkbox"/> Marriage or Divorce Record | <input type="checkbox"/> Health Insurance Card (not a Medicare card) | |

Authority to receive the ADHS/CRSA Information for the Member (Please check applicable authority):

- | | | |
|---|---|--|
| <input type="checkbox"/> Written Authorization from Member | <input type="checkbox"/> Parent or Legal Guardian of Minor Aged Member | <input type="checkbox"/> Health Care Decision Maker for Member (Health Care Power of Attorney, Mental Health Care Power of Attorney, or Surrogate) |
| <input type="checkbox"/> Personal Representative of Member's Estate | <input type="checkbox"/> Verbal Authorization from Member (valid for fourteen (14) days only) | <input type="checkbox"/> Other (please explain): _____ |

DOCUMENTATION OF AUTHORITY TO RECEIVE Member's Personal Health Information MUST BE ATTACHED TO VERIFICATION IDENTIFICATION CHECKLIST

Identification Verified by:

CRS Employee's Name _____ Date _____

Signature _____

Title _____

AGENCY LETTERHEAD

ARIZONA DEPARTMENT OF HEALTH SERVICES
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
REQUEST TO AMEND THE CRSA DESIGNATED RECORD SET

NOTICE OF TIME EXTENSION

[DATE]

CONFIDENTIAL

[INSERT ADDRESS]

[
[

Re: Request to Amend the CRSA Designated Record Set

Dear _____:

We have received your written request to amend your Children's Rehabilitative Service Administration (CRSA) designated record set. Unfortunately, we have been unable to complete our review of your request and we need additional time to respond to your request as allowed by the Health Information Portability and Accountability Act (HIPAA). We expect to be able to provide a response to you no later than **[INSERT RESPONSE DATE]**. This extension will not exceed ninety (90) days from the date we received your request. We apologize for the delay, and we appreciate your patience.

Sincerely,

CRSA HIPAA Privacy Official

Cc: Request to Amend the CRSA Designated Record Set File

**ARIZONA DEPARTMENT OF HEALTH SERVICES
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
LETTERHEAD**

**REQUEST TO AMEND
DETERMINATION LETTER**

[DATE]

**[INSERT NAME]
[INSERT ADDRESS]
[INSERT ADDRESS]
[INSERT ADDRESS]**

Dear **[Requestor's Name]:**

The Arizona Department of Health Services/Children's Rehabilitative Services Administration (ADHS/CRSA) acknowledges receipt of your letter dated **[Date of request letter]** regarding your Request for an Amendment to your CRSA Designated Record Set.

CRSA is designated as a health plan for purposes of the Health Insurance Portability and Accountability Act (HIPAA). CRSA provides the electronic edit process for the Arizona Health Care Cost Containment System (AHCCCS), the Arizona Medicaid plan. Additionally, C R S A does not provide health care but contracts with medical clinics and other health care facilities to provide all direct medical services. Thus, CRSA only maintains a portion of the billing records for children who receive care through the program. The complete file for all billing and health care records is maintained at the site of the contracted provider.

[INSERT SPECIFIC REQUEST]

[INSERT DETERMINATION OF THE REQUEST TO AMEND]

[Requestor's Name]

[DATE]

Page 2

[INSERT WHERE INFORMATION IS LOCATED]

If you disagree with this determination, you may file a written statement of rebuttal/disagreement with our office within thirty (30) days of receipt of this letter. The letter must be in writing and fit, single-spaced, on a standard 8 1/2 x 11 sheet of paper.

CRSA will include an accurate summary of the request for amendment determination with future disclosures and, if received, the written statement of rebuttal/disagreement.

If you feel your HIPAA rights have been violated, you may file a written complaint with either of the offices listed below:

Arizona Department of Health Services
Children's Rehabilitative Services
150 North 18th Avenue, Suite 330
Phoenix AZ 85007
Phone (602) 542-1860

U.S. Department of Health and Human Services
Office of Civil Rights
50 United Nations Plaza -- Room 322
San Francisco, California 94102
Attn: Regional Manager

Call 1-800-368-1019 for a complaint form

We will take no retaliatory action against you if you make a complaint.

[Requestor's Name]

[DATE]

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If you [or insert representative's name] wish to request a copy of the CRSA electronic billing file, please complete the enclosed Arizona Department of Health Services **Request for Inspection/Copies of the CRSA HIPAA Designated Record Set form (partial billing records only)**. There **may be** a charge of twenty-five cents (25¢) per page for a printout of the electronic file and fifty dollars (\$50) for a disk download of the file.

Sincerely,

[CRS HIPAA Privacy Official]

Children's Rehabilitative Services Administration

[Phone Number]

Enclosure

Cc: []